PART B - FEE(S) TRANSMITTAL

| Complete and sends | his form, together with മ | form, together with applicable fee(s), to: <u>Mail</u> or Fax | | | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 | | | |
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| INSTRUCTIONS: This to appropriate. Althurities con indicated unless corrected maintenance fee notification | m should be used for trans respondence including the P below or directed otherwise 15. | mitting the ISSUE atent, advance orde in Block 1, by (a) | | | uired). Blocks will be mailed s; and/or (b) in | 1 through 5 s to the current dicating a sep | should be completed where correspondence address as arate "FEE ADDRESS" for | |
| | E ADDRESS (Note: Use Block 1 for a | ny change of address) | | Fee(s) Transmittal, T | his certificate c nal paper, such | annot be used as an assignm | for domestic mailings of the for any other accompanying ent or formal drawing, must | |
| THELEN REID (IMPJ P.O. BOX 640640 SAN JOSE, CA 95 | • | | | I hereby certify that the States Postal Service addressed to the Matransmitted to the US | ertificate of Ma this Fee(s) Tran with sufficient ail Stop ISSUE PTO (571) 273 | smittal is bein postage for fir FEE address | ng deposited with the United rst class mail in an envelope s above, or being facsimile | |
| 03/29/2006 MAHMED2 00 | | | Kathleen | K. Muto | | (Depositor's name) | | |
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| EXAMINER | | ART UNIT | | CLASS-SUBCLASS |] | | | |
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| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has beer recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
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| 4a. The following fee(s) are | assignee category or categor enclosed: | 4b. | Payment of Fee(s): | | · · | ther private gr | roup entity Government | |
| Issue Fee | | _ | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | |
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| Authorized Signature | | | Date 3-23-2006 | | | | | |
| Typed or printed name <u>David B. Ritchie</u> | | | Registration No. 31,562 | | | | | |
| Aickanula, Viiginia 22313- | on is required by 37 CFR 1.31 ty is governed by 35 U.S.C. oplication form to the USPTC for reducing this burden, she mia 22313-1450. DO NOT S 1450. tion Act of 1995, no persons a | | | | | | | |